Emily A. Pratt

EYES AND EARS

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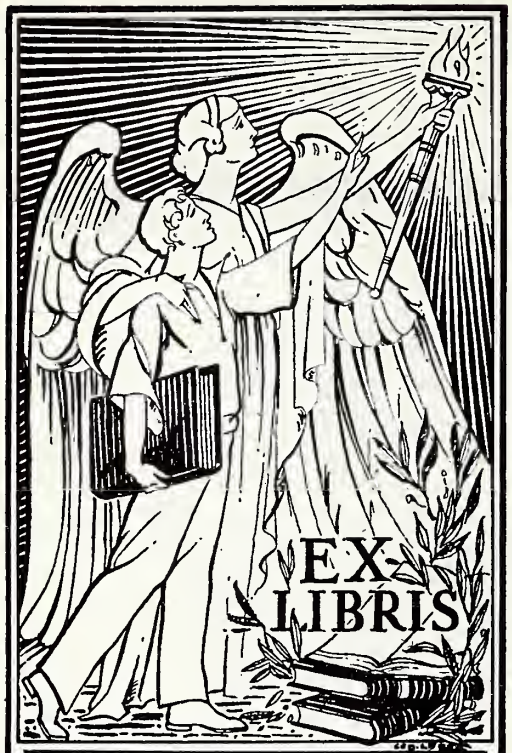

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WHAT THE SCHOOLS DO FOR THE CHILDREN'S

Eyes and Ears

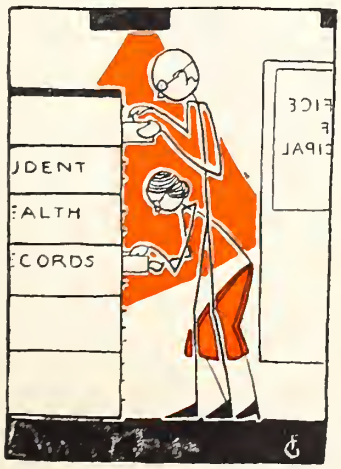
By

Emily A. Pratt

"I AM ANXIOUS to know about my child's hearing." "My little girl has poor sight and is not learning very well." These requests and comments frequently confront the school doctor. They come from parents interested in the health of their children. Having done all they know to procure adequate health for their offspring, they look to the school authorities for further suggestions. They are not satisfied unless their children are securing all the advantages of present enlightenment; they want the utmost in education. They want their handicapped child to be provided for as well as their normal children, and it is their right.

Parents usually assume responsibility to the best of their ability. If their lack of knowledge prevents a complete understanding it is the duty of the school to assist them. Such assistance can be rendered only by education. If this fails with the present generation it should not with the next.

Therefore, with persistent, positive health teaching the children of the future should have every advantage that corrective methods can give and so enter school physically fit. This done, the parents should be willing to secure aid for those defects arising after the child's entrance into school life. Willingness on the part of parents to have corrected the defects that are discovered in school is, however, still a future achievement.



Records of pupils' visual acuity and hearing loss.

The laws of some states require the employment of school medical inspectors who are physicians to act as supervisors of health in the schools. "The primary function of the school medical supervisor is to conduct health protective service for school children."

In this service are included the yearly tests of vision and hearing, which are required by law. The school authorities must make these tests. They should be made, however, under the general guidance of school medical inspectors and school nurse-teachers. Even though there is no school physician or nurse, the school authorities are responsible for these tests. Fortunately their nature is such that after instruction the teachers can make them without difficulty. Therefore, if all other parts of the child's body are neglected in the school health protective service the eyes and ears need not be.

The ideal plan for complete health protection is the employment of a full-time health supervisor who is also a doctor. A nurse-teacher should be employed for every 1,500 school children. The eye and ear tests are then a part of this service and are conducted by the teachers in order that they may know

the visual acuity and degree of hearing of the pupils whom they teach. Another advantage of conducting the eye and ear tests in this way is that all the defects are found in a comparatively short space of time. Furthermore, it is better organization for the medical supervisor to act only as the director, which leaves him free to spend his time checking the defects found through the assistance of the nurse-teacher.

It is advisable for the nurse to make the tests in the high school, as the pupils are seldom taught by the teacher in their home room. In making these tests symptoms of eyestrain should be listed along with the records of visual acuity. Such symptoms should be noted by the teacher through personal observation or complaint of the child. To the degree of hearing loss should be added all ear, nose and throat symptoms.

Mother should see that Son wears his glasses for study.

The next step is the recording of defects found and the placing of them on the health record cards; these are kept on file in such a way that they are accessible to all the school authorities.

As the records of defects are completed by the doctor and nurse a notice is sent to each parent or guardian on a special blank provided for this purpose by the school authorities. It should be sent directly to the home through the mail.

Up to this time the responsibility has lain in the hands of the school authorities. At this point the parent assumes it. This is an important duty because it means that the entire life of the child may be changed should the parent fail to observe the warning of the notice. The correction should be made.

Defective vision or hearing means that the gateways of learning are obstructed. Education may pass the partially closed portal but the remainder of the body will suffer. The nerves will be strained and general weakness will result.

The notice advises the parents to take the child to the family physician, who will advise them as to the best method of correcting the defect. This is done in order to secure the advice of the physician who has cared for the child throughout its early years and who knows better than any one else just what is needed. His aim was to have the child enter school physically fit. Often the defects found in the school by the medical supervisor have occurred after entrance in school, thus escaping the attention of the family physician. Again, it may be that the parents have not consulted their physician for some time. They may think there is no need when there is a school physician. The latter does not diagnose or treat; he finds defects and recommends correction of them through the cooperative advice of the family physician. After the child enters the school he is kept in good health through the school physician aided by the family doctor. It is in this way that the health protective service is maintained.

The family physician knows which specialist to select for the eyes and which to select for the ears. He knows which hospital offers the best service. In the case of an eye defect he will direct the parent to consult a physician who has had special training in the diseases of the eye. Often disease is present when lowered visual acuity seems to point only to the need for glasses. In the same way if it is a defect of hearing he will recommend a physician who has had special training in the diseases of the ear.

The parents' responsibility does not end with the correction of the defect. They must see that the correction is maintained. For example, in the case of defective vision that has been corrected by glasses, it is important for the parent to see that the child always wears his glasses during study. The glasses should be kept clean and well adjusted. Sometimes a lens twists in

The teacher can detect symptoms of eyestrain.

the frame giving an entirely different correction than the one intended. This causes eyestrain and makes the vision worse than it was before the glasses were given. A case should be provided for the glasses when not in use if the child wears them only while at school. If the frames become bent the glasses should be taken back to the place where they were made, for readjustment.

Keep glasses clean and well adjusted. A lens twisted in the frame gives a wrong correction.

When the parents assume the responsibility and send the child to school properly cared for, the teacher is able to spend her time in the discharge of her regular duties. If this is not done by the parent then the teacher must assume the responsibility, prolonging her morning health inspection into the period reserved for other work.

The parent continues to care for the corrected eyesight, for the child needs an examination again in two years to learn whether or not any change in the eye condition has occurred. In fact, all children and young adults should have a regular eye examination every two years whether wearing glasses or not just as they have an annual health examination. When the prescription for the glasses is given the physician usually states when the return visit is to be made. If the physician is busy and forgets to say when the return visit is to be made the parent should ask the doctor when he wants to have the child return. The responsibility is the same in the case of defective hearing—it lasts until the defect is corrected, and beyond that if the hearing has been permanently impaired.

Should the hearing or sight be permanently impaired the responsibility reverts back to the school authorities and is shared with the parents. In New York State the board of education is authorized to provide special education for the children handicapped by seriously defective vision or hearing but who are not blind or deaf. Special education for those with extremely poor vision is provided by means of sight-saving classes. Statistics from states other than New York prove that one child of school age in every 500 needs this type of education. In New York these classes exist in several cities. The number in New York City approaches one hundred. There are four in Buffalo, three each in Rochester and Syracuse, one each in Binghamton, Jamestown, Mount Vernon and Albany. With few exceptions the teachers of these classes have taken special study to prepare them for the work, as they must understand the condition of their pupils' eyes and adapt the teaching methods to them.

A study is now being carried on that will point to the need for additional classes. It would appear to be an easy matter to estimate the number who need this special education in a given area and so establish a sight-saving class. It does not work out so easily. One must find each child and prove to the educational authorities beyond a doubt that such children exist. Even then it is difficult to prove that the necessary expenditure for such a class is an economic asset and that conservation of eyesight is an important factor in the nation's strength, not to mention its advantage to the individual.

Instruction in lip-reading by an itinerant teacher should be provided for those handicapped by poor hearing. The classroom teacher can often bring up the children's grades by individual attention, careful enunciation and by the pupils' knowledge of lip-reading.

So far little has been said about the nurse-teacher. It is she who follows up the defects found. If the parent does not understand the notice received and so fails to have the defect corrected, the nurse-teacher visits the home to explain to the parent. Often the nurse can be of great help. When there is no regular family physician the nurse can tell the parent to whom to go for advice. For example, when the tonsils need to be removed the nurse often assists in making the hospital arrangements. The nurse frequently knows where the best work is done and she may make arrangements for the care of the child at the hospital and give them some advice as to fees.

The nurse-teacher visits the home and discusses the child's difficulty.

Even though the parents are capable of securing the corrections without the aid of the school nurse-teacher, the nurse is helpful when she makes a home visit. She links the school health service with the home health service, producing a better balance for the health of the child.

Statistics for New York State exclusive of Buffalo, Rochester and New York City, covering a period of three years, show that out of all school children tested only 8.9 per cent had defective vision. Of this number only 45.3 per cent received treatment. The number of defective ears found amounted to 1.2 per cent of which only 41.2 per cent were treated. Less than half of the defects found received absolute correction, therapy or authoritative advice.

Need for Correction Will Decrease

The point I wish to make is that 8.9 per cent of defective vision among school children is low. As much as from 15 to 20 per cent has been reported. Granted that 15 per cent was found and fully corrected during one year, the next year would show a comparatively small percentage, which should be 15 per cent of the newly entered pupils. Furthermore, less than 50 per cent of corrections is low, it should be about 80 per cent under better circumstances.

The same will be true of the ear defects after the phono-audiometer comes into universal use. This device is an audiometer (meter for measuring hearing), phonographic in type. It determines the amount of hearing loss of the school child accurately and economically. With this instrument from 7 to 10 per cent of the defects in hearing may be found. With the watch-tick test or the whispered-voice test not more than 1 per cent of hearing loss may be found.

More Children Must Be Reached

During the school year 1928-29, the phono-audiometer was used in eighteen school systems in New York State, in some cities, some villages and some sections of rural districts. More than 20,000 school children were tested. Out of this number 1,491 were found defective; this is 7 per cent of the total tested.

More of the existing defects should be found and corrected. Cooperation on the part of the parents with the school authorities and the family physician will accomplish this. Help must be given by those whose duty it is to find and correct defects. It is the responsibility of the school health service to assist in the field work. This is the relationship that should exist among the teacher, the parent and the school health service.

Fondness or Folly?

By J. R. Earp

"TO THE advancement of science and to the service of mankind this building is dedicated." So reads the inscription carved over the entrance to the new home of the Department of Animal Research of Edinburgh University. Sir Edward Sharpey-Schafer, originator of the prone pressure method of artificial respiration, drew attention to this inscription in the formal address with which he declared the new buildings open.

"It must be understood," Sir Edward said, "that all the work of this and kindred institutions is based on vivisection." Such institutions are in fact the last stronghold of animal research in Great Britain. So powerful is the mistaken zeal of well meaning "antis" in that country that the hospitals dare not apply for a license to carry out animal experiments, for fear of losing some of the subscriptions by which they live. The department of animal research, says Professor Schafer, is the only institute in the country in which the new and important test for the early diagnosis of pregnancy is carried out. The reason is simply that this test, the Ascheim-Zondek test, involves the giving of hypodermic injections to a mouse. Yet fox hunting in England is still a perfectly legal sport!

Man's friend in the laboratory as well as in the home.

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